Name in Full

Victoria Fassett

Certificate of Death

Died at Town Salisbury County Wicomico MARYLAND

Date 189 9 Month May Day 28 | Age Y. 34 M. D. | Native of Md | Occupation Housewife

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 3

Husband / Wife of Henry Fassett

Father's Name Isaac Mathews | Mother's Name Sarah Mathews

Cause of Death — Primary: Phthisis Pulmonalis | How long sick

Immediate | Accident, Suicide, Homicide

22a

Reported by R. K. Colley.

Address Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Mary Jane Fields

Certificate of Death

Died at Town Salisbury County Wicomico MARYLAND

Date 1899 Month 5 Day 26 | Age Y. 40 M. D. | Native of Wicomico | Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

Husband of Wife James Fields

Father's Name Jenkins Mother's Name —

Cause of Death

Primary Pulmonary tuberculosis — How long sick about 1 year

Immediate Apnoea 229 — ~~Accident, Suicide, Homicide~~

Reported by J. McKitch

Address Salisbury, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70998

Name In Full Levi D. Gordy

Certificate of Death

Died at Town Powellville County Wicomico MARYLAND

Date 1899 Month 5 Day | Age Y. M. D. | Native of | Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary Appendicitis 95 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Salisbury Advertiser

Address May 27

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Name in Full

Certificate of Death

No Name Hastings

Town: Salisbury County: Wicomico

Died at Salisbury, Wicomico, MARYLAND

Date 1899 Month: May Day: 19 | ~~Yr.~~ ~~Mo.~~ D. Age: 4 Days | Native of: Wicomico | Occupation: Infant

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name: William Hastings

Mother's Name: Molly Wainwright

How long sick: 15-5-6

Cause of Death: Primary / Immediate: Heart Failure

~~Accident, Suicide, Homicide~~

Reported by: Louis W. Willis

Address: Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FREE

Name in Full — Certificate of Death

Jesse Howard

Died at — Town: Salisbury — County: Wicomico — MARYLAND

Date 1894 — Month: May — Day: 14 — Age: Y. 54 M. 2 D. — Native of: Salisbury — Occupation: Seaborer

Male ~~Female~~ — ~~White~~ Colored — Married ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ ~~Number of children living~~

Husband ~~Wife~~ of Fanny Howard

Father's Name: not known — Mother's Name: Rachel Howard

Cause of Death — Primary: Dont know — How long sick: 4 or 5 Mos.

Immediate: Parlysis 44 — ~~Accident, Suicide, Homicide~~

Reported by Rev. L. Hill

Address Salisbury

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

(Dr. out of Town at time of his death)
Hasbrouck
Salisbury Md.

Attested by Dr. _____

of _____

Information contained in this certificate received from Fanny Howard

of Salisbury Md.

Name in Full | Certificate of Death

Milbourne A. Layton

Died at — Town: near Willard, County: Wicomico Co — MARYLAND

Date 1899 — Month: May — Day: 5th — Age: Y. 61 M. D. — Native of: Wicomico Co, Md — Occupation: Mar

Male / Female — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living: 10

Husband / Wife of: Martha Layton

Father's Name: William L. — Mother's Name: Amelia Layton

Cause of Death — Primary: Sore on the finger — How long sick

Immediate: Blood-poison — Accident, Suicide, Homicide

Reported by: G. W. Mercer

Address: Pittsville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Albert Smith

Certificate of Death

Town / County

Died at Salisbury, Wicomico MARYLAND

Month Day | Y. M. D.

Date 1899 May 2 | Age 92 — — | Native of Md. | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 8

Husband of
Wife

Father's Name

Mother's Name Minnie Smith

Cause of Death — Primary: Senile Gangrene

How long sick

Immediate: Septic absorption 12 6

~~Accident, Suicide, Homicide~~

Reported by R K Colley

Address Salisbury, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Adeline W. Waller

Certificate of Death

Died at Town Salisbury County Wicomico MARYLAND

Date 1899 Month May Day 22 Age Y. 67 M. - D. - Native of Maryland Occupation None

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband of Wife~~

Father's Name Richard Waller Mother's Name Pollie Hearn

Cause of Death Primary Cancer, 25 e How long sick years 1 or 2

Immediate Heart? ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Geo. W. Todd

Address Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85949